Disclosure Report Cover	Amendme	N/-
Use this form for general report and committee information, must be signed and submitted along w	Yes	
Do not use this form to update information.		
1 Committee Information		

AND RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	-formetion	mation.					
1. Committee In a. Full Name	nformation						c. ID Number
	c NA						c. ID Number
	allis for Mayor						
b. Mailing Address	(include City, State an	d Zip Code)					d. Date Filed
1675 Cox Ro							1/29/2020
Weddington	NC 28104						e. Phone Number
							704-814-0525
2. Report Year	3. Period Start Da	ite (mm/dd/yy)	4. Period E	nd Date (n	nm/dd/yy)	5. Treasur	er Full Name
2019	7/5/2019		12/31/201	9		Elizabeth	Callis
-	mittee (Check One	9.			only one		ort from one category)
▼ Candidate Cam			nicipal		te/County	· JF · · J · · I	Referendum
PAC	Referen		Organizational			ional	Organizational
Independent Ex			Thirty-five day		Quarterly		Pre-referendum
Legal Expense	Fund	H	Pre-primary Pre-election	片	First Seco		Final Supplemental Final
7. Type of Fund	(if applicable, che				Thire		Annual
Booster Fund	A DESCRIPTION OF THE PROPERTY		Semi-annual		Four		Special
☐ Building Fund			Mid Year	_	Semi-anni		
C Orbert		M	Year End			Year	10. Special Report Name
Other:	undraisers this Re	nort	Final Special	H	Year Final	End	
o. I diliber of 2	unui aiscis tiis itt	port	Special	ᄩ	Special		
11. Account Inf	formation			11. Accou		nation	
a. Financial Institu				a. Financial			
Truliant Cre		A securit Code		. D. maga			T
CAMPAIC	N FINANCE	Account Code		b. Purpose	A STATE OF THE STA		c. Account Code
	E	C	1				
JAN	2 9 2020 a.	Period Begin Ba	alance				d. Period Begin Balance
		0					\$
CERTIFICATI					245		
		s in compliance	with all appli	cable provis	sions of Ar	ticle 22A, 22	2B & 22D-22M of Chapter 163
of the NC Gener	ral Statutes and that n	o funds are con	nmingled with	prohibited (or other no	n-disclosed f	funds. I further certify that this
report is comple	ete, true and correct ar	nd that I have be	een trained by	the NC Stat	e Board	Elections.	3000000000
Flizaboth	Callia		6/17	alitt	11/0	1 lle	4/20/2020
Elizabeth	Printed Name of Signer		EN XC	evu of Ann	risted Tree	un	1/29/2020
FOR OFFICE	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.		(Sign	nature of App	ointed Treas	surer	Date
	- 1.	120		1	0.0	De	elivery Method
Date Receiv	ed: Offan	100	Employ	ee:	Cert .		Normal Mail
Date Postma	orked:		Employ	1			Registered Mail
Date I ostini	ii kcu.		Employ	ec		_ 🗵	Hand Delivered
Date Scanne	ed:	4 2 2 2 2	Employ	ee:		_ ⊔	Electronically Filed
Date Data E	intered:		Employ	ee:		_ □	Signer has not received mandatory training
Please No.	te. This form cann	ot he used to :	amend commi	ittee inform	nation suc	ch as the cor	mmittee address, treasurer,
1 ICUSC 1 10		easurer, custoo					
,	You must amend the						

Detailed Summary Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of	Report	3. ID Number		
Elizabeth Callis for Mayor	Year- End				
Start of Election Cycle: January 1, 2019	•	Total this Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start		\$0	\$		
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$100.00	\$		
6) Contributions from Individuals	(CRO-1210)	\$ 1913.34	\$		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$144.00	\$		
9) Loan Proceeds	(CRO-1410)	\$	\$		
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$		
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$		
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$		
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$2157.34	\$		
<u>EXPENDITURES</u>					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$2072.34	\$		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$		
15) Loan Repayments	(CRO-1420)	\$	\$		
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$		
17) In-Kind Contributions	(CRO-1510)	\$85.00	\$		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13	5, 16 and 17)	\$2157.34	\$		
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$0	\$		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$			
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$			
23) Debts and Obligations owed to the Committee UNION COUNTY	(CRO-1620)	\$			
24) Account Transfers Within the Committee GN FINANC	(CRO-1720)	\$			
25) Administrative Support JAN 2 9 2020	(CRO-1710)	\$	\$		
26) Forgiven Loans	(CRO-1440)	\$	\$		
I I have be been 1 V have be	(CRO-2220)	\$	\$		
28) Contributions to be Refunded	(CRO-1215)	\$	\$		

					Amendment	
Aggregated Contributions from Individuals	Page	1	of	1	☐ Yes	☐ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. (Committ	nd Fund if applicat	ole)	2.	ID Number	
EI	izabeth	Callis for May	yor			
	_	tor Information				
	mend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
	Add Remove		Cash		8/11/19	\$50.00
	Add Remove		Cash		8/11/19	\$50.00
	Add Remove					\$
	Add Remove					\$
	Add Remove					\$
	Add Remove					\$
	Add Remove					\$
	Add Remove					\$
	Add Remove					\$
	Add Remove					\$
	Add Remove					\$
	Add Remove					\$
	Add Remove					\$
	Add Remove					\$
	Add Remove					\$
	Add Remove					\$
	Add Remove					\$
	Add Remove					\$
	Add Remove		UNION COUN	TΥ		\$
	Add Remove		UNION COUN CAMPAIGN FINA			\$
	Add Remove		JAN 29 202			\$
	Add Remove		RECEIV	ED		\$
	Add Remove					\$
4.	Total o	nly this Page			\$	100.00
5.	Total o	f ALL CRO-		CRO-1100)		100.00
(ms une m					

		rom Individua			Pg <u>1</u> of _	4 Yes No
		ndividual contributione (and Fund if app		ontributions u	nder \$50 if form C	CRO 1205 is not used 2. ID Number
	abeth Callis f		ilcapic)			2. ID Number
	tributor Inform	,	Б	Add Dr	Remove	
	ame, Mailing Addr			Add F		d. Comments
(inclu	de city, state, & zip)			Duilden		
	e McLeod			Builder Employer's N	Name/Specific Field	4
	Avinger Lane dson, NC 28			McLeod C		
				I WOLOGO O	orporation	e. Election Sum to Date
						\$250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/y	
	EC	Check			8/10/19	\$250.00
						\$
						\$
	tributor Inform			Add 🔲 F	Remove	
Section Contraction	ame, Mailing Addr de city, state, & zip)			b. Job Title/Pro	ofession	d. Comments
	Almond			Retired/Inv	vestor	
1120	1120 Baron Road			c. Employer's N	Name/Specific Field	
Waxi	naw, NC 2817	3				e. Election Sum to Date
						\$250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/y	
		Check			8/12/19	\$250.00
						\$
						\$
	tributor Inform	The Control of the Co		Add 🔲 F	Remove	
	ame, Mailing Addr de city, state, & zip)			b. Job Title/Pro	ofession	d. Comments
	e & Carolyn R			Retired/Re	eal Estate	
133 V		Springs Road		c. Employer's I	Name/Specific Field	
	,					e. Election Sum to Date
						\$ 125.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrit		j. Date (mm/dd/y	yyy) k. Amount
		Check			8/12/19	\$125.00
			JAN 25			\$
			RECE	IVED		\$
4. To	tal only this P	age				\$625.00
100		RO-1210 Pages 6 of Detailed Summary I	Page CRO-1100)			s

Cont	ributions fi	rom Individua	ıls	P	g 2 of	4	Yes No
		ndividual contribution		ontributions un			205 is not used
1. Com	mittee Full Nan	ne (and Fund if app	licable)		to the state of the	2. I	D Number
Elizab	eth Callis for	Mayor					
	ributor Inform			Add R	emove		
	ame, Mailing Addr			b. Job Title/Prof	fession	d. C	omments
	le city, state, & zip)			Agritourism	1		
	y Anderson 4 Providence	a Road		c. Employer's Name/Specific Field Hunter Farms			
	dington, NC						
						e. El	lection Sum to Date
				779.			100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/y	ууу)	k. Amount
		Check			9/21/19		\$100.00
							\$
							\$
	ributor Inform				emove		
	ame, Mailing Addr le city, state, & zip)			b. Job Title/Pro	fession	d. C	omments
				Founder/O	wner		
	Sharon Sanders 4401 Horseshoe Bend			c. Employer's N	ame/Specific Field	-	
Wedd	lington, NC 28	3104		Kids First	of the		
				Carolinas		e. El	lection Sum to Date
							25.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/y	ууу)	k. Amount
			Political Signature	gn	n 9/7/19		\$25.00
							\$
							\$
	ributor Inform				emove		
	ame, Mailing Addr le city, state, & zip)			b. Job Title/Pro	fession	d. C	omments
	CAMPAIG	N FINANCE					
	JAN 2	9 2020		c. Employer's N	ame/Specific Field		
	550	EN /ED				e. E	lection Sum to Date
	REC	EIVED				\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/y	ууу)	k. Amount
							\$
							\$
							\$
-	al only this P				and the second second	\$	125.00
5. Tot		RO-1210 Pages	Page CRO 1100			\$	

		om Individua]	Pg _3 _ of _	4	Amendment Yes No
		ndividual contributione (and Fund if app		ontributions u	nder \$50 if form Cl	No. Asia	THE RESERVE OF THE PARTY OF THE
	abeth Callis fo		licable)			2.1	D Number
3. Conf	tributor Informa	ation		Add Remove			
	ame, Mailing Addre	ess & Phone		b. Job Title/Pro		d. C	omments
	le city, state, & zip)			Builder			
	e McLeod				Name/Specific Field	-	
David	Avinger Lane dson, NC 280	036		McLeod Corporation			
Duri	20011, 110 201	300					lection Sum to Date
							570.00
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yy		k. Amount
	EC	Check			11/4/19		\$320.00
		Official	-		11/4/19		
							\$
							\$
	tributor Informa			Add 🔲 F	Remove		
a. Full Name, Mailing Address & Phone			b. Job Title/Profession d.			omments	
(include city, state, & zip)			Retired/Investor				
Larry Almond 1120 Baron Road				Name/Specific Field	1		
	aw, NC 28173	3					
						e. E	lection Sum to Date
						\$!	570.00
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yyyy)		k. Amount
	EC	Check			11/3/19		\$320.00
							\$
							\$
	ributor Informa			Add 🔲 F	Remove		E The Park No.
	ame, Mailing Addro le city, state, & zip)	ess & Phone		b. Job Title/Pro	ofession	d. C	omments
	e & Carolyn Ro	phertson		Retired/Re	eal Estate		
133 V	Vhite Sulphur	Springs Road		c. Employer's N	Name/Specific Field		
.vic. /\	, 140 27000					e. E	lection Sum to Date
						\$:	285.00
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount
	EC	Check	UNION COU	NTY	11/3/19		\$ 160.00
			IAN OO O	020			\$
			JAN 29 2	020			s
1 Tot	ol only this D	0.000	RECEN	/FD			
	al only this P		ILOLIV			\$8	300.0
5. 1 ot	al of ALL Ch	RO-1210 Pages				\$	

		com Individua		P	4 of _	4 Amendment No	
1. Com	mittee Full Nan	ne (and Fund if app	ons over \$50 or colicable)	ontributions und	der \$50 if form C	CRO 1205 is not used 2. ID Number	
	eth Callis for		denote)			2. 1D Number	
CHARLES SHOW	ributor Inform		П	Add \square Re	emove		
	ame, Mailing Addr			b. Job Title/Prof		d. Comments	
(includ	e city, state, & zip)			Pet Sitte		di Commens	
	ne Wescott					4	
	Highview Rodington, NC			c. Employer's Na	me/Specific Field	-	
vveuc	alligion, NO	20104				e. Election Sum to Date	
						\$25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yyy) k. Amount	
			Meet & Gree	et	10/28/19	\$25.00	
						\$	
						\$	
3. Cont	ributor Inform	ation		Add Re	emove		
	ame, Mailing Addr	ess & Phone		b. Job Title/Prof	ession	d. Comments	
	(include city, state, & zip)				vner		
	Sharon Sanders 4401 Horseshoe Bend				me/Specific Field	-	
	Weddington, NC 28104		Kids First				
				Carolinas		e. Election Sum to Date	
c p :						\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yyy) k. Amount	
			Election Ce	elebration	11/7/19	\$35.00	
				·		\$	
						\$	
	ributor Inform		nder eine konstant auch 🔲	Add Re			
	ame, Mailing Addre e city, state, & zip)			b. Job Title/Prof	ession	d. Comments	
	eth Callis			Substitute To	eacher		
1675	Cox Road			c. Employer's Na	me/Specific Field		
VVedd	ington, NC 28	3104		UCPS		e. Election Sum to Date	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ation .	j. Date (mm/dd/y	\$303.34	
			" III Killu Descrip	ALOH .			
	EC	Cash	HON COUNT	/	11/19/19	\$303.34	
			PAIGN FINAN			\$	
			JAN 29 2020			\$	
4. Tot	al only this P	age 🖸	ECEIVE	D		\$363.34	
A COLUMN TO A COLU		RO-1210 Pages S of Detailed Summary F	Page CRO-1100)			\$ 1913.34	

	o report contributions for			6	Yes No
	Full Name (and Fund			20 Committees	2. ID Number
Value of the same	n Callis for Mayor				
3. Contributo	r Information		Add R	emove	
(include city, st	to Elect Anne Pro	uitt	b. Type of Com Candidate Referendum c. Level Register Federal State	PAC	e. Election Sum to Date
f. Account Code	g. Form of Payment	h. In-Kind Description	ın.	i. Date (mm/dd/yy	\$72.00 yy) j. Amount
EC	Cash	ii. iii-kiid Descriptio		12/10/19	\$72.00
					\$
					\$
3. Contributo				emove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Committee to Re-Elect Janice Propst 531 Weddington Road Weddington, NC 28104		Propst	b. Type of Com Candidate Referendum c. Level Register Federal	PAC	d. Comments
			State	Municipality:	e. Election Sum to Date \$72.00
f. Account Code	g. Form of Payment	h. In-Kind Descriptio	n	i. Date (mm/dd/yy	
EC	Check			12/11/19	\$72.00
And the second s					\$
					\$
3. Contributo	r Information			emove	
(include city, st	JAN 29 2020		b. Type of Com Candidate Referendum c. Level Register Federal	PAC red (Specify) County:	d. Comments
1	RECEIVED		State	Municipality:	e. Election Sum to Date
f. Account Code	g. Form of Payment	h. In-Kind Description	n	i. Date (mm/dd/yy	yy) j. Amount
					\$
					\$
					\$
4. Total only t					\$ 144.00
	L CRO-1230 Pages	amary Page CRO 1100			\$ 144.00

Disbursem	ents				Pg 1 of	6	Amendment Yes No
Use this form to	report expenditures	from the commit	tee for o	perating exp	- 0	-	
committees and	coordinated party ex	penditures			2010 Statute par Congress on Security		F
1. Committee F	Full Name (and Fund	d if applicable)					2. ID Number
	allis for Mayor						
3. Type of Disb		e use separate CK				burse	ment.)
Operating Exp	THE RESIDENCE OF THE PARTY OF T	ntributions to Candida	ates/Politic	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN	The state of the s	ordinat	ed Party Expenditures
4. Payee Inform	nation failing Address & Ph	ana ana	Ц	Add	Remove		
(include city, state,		one		b. Coordinate	ed Committee Nam	ie	d. Comments
Amazon Onli				Elizabeth	n Callis for Ma	yor	
A Militar Communication and comm					stered (Specify)		
				Federal State	County: Municipa	-1:4,0	Florida Conta Data
				State	Municipa	anty:	e. Election Sum to Date
							\$26.93
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)	j. Amount	k. Re	equired Remarks
EC	Debit	В	9/29/	19	\$ 26.93	Pri	nting
					\$		
4. Payee Inforn				Add	Remove		
	ling Address & Phone			b. Coordinate	ed Committee Nam	e	d. Comments
(include city, stat				Flizabeth	Callis for Mayo		
Cards & Ban 715 E 3900 \$					stered (Specify))1	
	ty, UT 84107			Federal County:			
	September of the second			State	Municipa	ality:	e. Election Sum to Date
							\$225.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k, Re	equired Remarks
EC	Debit	В	10/3/		\$ 85.50	1	nting
			1.0.0.	10	. 33.33	1	nung
1 D 1 C					\$		
4. Payee Inform	nation ling Address & Phone		Ц	Add	Remove		
(include city, stat				b. Coordinate	ed Committee Nam	e	d. Comments
	UNION COUNTY CAMPAIGN FINAN	ICE		- processor	stered (Specify)		
(Federal	County:		51
	JAN 29 2020	j.		State	Municipa Municipa	ality:	e. Election Sum to Date
	JAN L						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks
	TILO				\$		
					\$	T	
5. Total only th	is Page			- 0 m - 0 y - 0 25 m () - 0 y	The state of the s	T Salay (\$85.50
	L CRO-1310 Pages						\$00.00
a riprovince industrial name	line 13a of Detailed Sun	nmary Page CRO-11	100 if Ope	rating Expense	es)		•
(This line goes in	a line 13b of Detailed Sun	nmary Page CRO-11	100 if Con	trib to Candida	ates/Political Comm	1)	\$
	line 13c of Detailed Sun		A PLANT IN SEC.		Expenditures)		
7. Purpose C	odes (List detailed	expenditure cod	e in (h.)	above)			

A* - Media B* - Printing C* - Fundraising

D - To Another Candidate

E - Salaries

F* - Equipment

G - Political Party

H* - Holding Public Office Expenses

I - Postage

J - Penalties

K* - Office Expenses

Q* - Donation to Legal Expense Fund

O* Other

* Codes require detailed explanation in required remarks field (k)

					A mondance		
Disbursements		2		_	Amendment		
Dispursements	Pg	2	of	0	Yes	□ No	0
Total Control of the			10	-	100	-	_

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee F	'ull Name (and Fun	d if applicable)					2. ID Number			
Elizabeth Ca	llis for Mayor									
3. Type of Disb		use separate CH	20-1310	forms for e	each type of Dist	burse	ement.)			
Operating Exp		tributions to Candida					ted Party Expenditures			
4. Payee Inform				Add	Remove					
a. Full Name, M	ailing Address & Ph	one		b. Coordinat	ed Committee Nam	e	d. Comments			
(include city, state,				Clinoboth	Callia for Ma					
Cards & Ban					Callis for Ma	yor				
715 E 3900 St #210 Salt Lake City, UT 84107 c. Level Registered (Specify) Federal , County:										
Sait Lake Cil	ly, UT 04107			State	County:	ality	e. Election Sum to Date			
				ottate	Walnerp	arity.				
							\$348.50			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks			
EC	Debit	В	10/22	/19	\$ 209.00	Do	oor Hangers			
					\$	\vdash	-			
4. Payee Inform	nation			Add \square	Remove					
	ing Address & Phone				ed Committee Nam	e	d. Comments			
(include city, sta	te, & zip)			or coordinat	ed committee I tall		u, comments			
Sign Masters	UN	ION COUNTY	`E	Elizabeth	Callis for Mayo	or				
314-B Depot	Street CAM	PAIGN FINANC	, _	c. Level Regi	stered (Specify)		1			
Monroe, NC	28112	AN 29 2020		☐ Federal	County:					
	J	AN 25 2020		State	Municip.	ality:	e. Election Sum to Date			
	D	CEIVE					\$ 293.57			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	Lequired Remarks			
EC	Debit	В	10/23	/19	\$ 160.13	gns				
					\$					
4. Payee Inform	nation			Add \square	Remove					
a. Full Name, Mail	ing Address & Phone			b. Coordinat	ed Committee Nam	e	d. Comments			
(include city, sta	te, & zip)									
Fairway Forr	ns				Callis for Mayor					
7000 Stinsor	Hartis Road Su	ite A		-	stered (Specify)					
Indian Trail,	NC 28079			Federal	County:	125				
				State	Municip.	ality:	e. Election Sum to Date			
		_					^{\$} 178.83			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks			
EC	Debit	В	10/29	/19	\$ 178.83	Fly	/ers			
					\$					
5. Total only th	is Page						\$547.96			
6. Total of ALI	CRO-1310 Pages									
	line 13a of Detailed Sur	nmarv Page CRO-11	00 if One	rating Expens	es)					
	line 13b of Detailed Sur					2)	\$			
	line 13c of Detailed Sur									
7. Purpose C	odes (List detailed	expenditure cod	e in (h.)	above)						
A* - Media	B* - Printi			undraising	D - To	Ano	ther Candidate			
E - Salaries	F* - Equip		G - Pol	litical Party	H* - H	oldi	ng Public Office Expenses			
I - Postage	J - Penalti	es	K* - O	ffice Expen	ises Q* - D	onat	tion to Legal Expense Fund			
O* Other		The state of the second second	1-71-5-0	Car of the later and						
* Codes requir	re detailed explanat	ion in required i	remarks	field (k)						

Disbursem	ents				Pg 3	of 6	Amendment Yes No
Use this form to	report expenditures	from the committ	ee for o	perating exp	enses, contri	butions	to candidate/political
	coordinated party ex 'ull Name (and Fun						2. ID Number
Elizabeth Ca	llis for Mayor						
3. Type of Disb		use separate CR				The second second	
Operating ExpPayee Inform	THE COURSE OF THE PARTY OF THE	tributions to Candida	tes/Politic	Add Add	THE RESERVE OF THE PERSON NAMED IN	Coordina	ted Party Expenditures
	ailing Address & Ph	one		- Annual	Remove ed Committee M	Name	d. Comments
Conservative Connections 5223 C.R. Wood Rd.					Callis for l		
Gastonia, N				Federal	Cour		
,				State	Mun	icipality:	e. Election Sum to Date
							^{\$} 519.34
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks
EC	Debit	В	11/20	20/19 \$ 519.34 Direct Mail Print			
					4		

Elizabeth C	allis for May	or						and the state of t
3. Type of Dis	bursement	(Please use	separate CF	20-1310	forms for	each type of D)ichure.	ement)
Operating Ex	cpenses		ions to Candida				The second second	ated Party Expenditures
4. Payee Infor	NAME AND ADDRESS OF THE OWNER, WHEN				Add \square	Remove	Coordina	acd rarry Expenditures
a. Full Name, l	Mailing Addres	ss & Phone			b. Coordinat	ed Committee N	ame	d. Comments
(include city, stat	e, & zip)				TI:141-	0 11: 6 1		
	ive Connec	tions				Callis for N		
5223 C.R.					c. Level Regis	stered (Specify)		-
Gastonia, I	NC 28056				State	Coun Muni	-	e. Election Sum to Date
					ottate	LT Mun	cipanty.	
								^{\$} 519.34
f. Account Code	g. Form of Pay		urpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. P	Required Remarks
EC	Debit	В	455 100 855 559 5	11/20)/19	\$ 519.34	Di	irect Mail Print
						\$	1	
4. Payee Infor	rmation			П	Add \square	Remove		
	ailing Address & I	Phone				ed Committee N	ame	d. Comments
(include city, st								u. Comments
Staples					Elizabeth	Callis for Ma	ayor	
10850 Pro	vidence Ro	ad			- Personal	stered (Specify)]
Charlotte,	NC 28277				Federal	Coun		
					State	Muni	icipality:	e. Election Sum to Date
								\$ 140.48
f. Account Code	g. Form of Pay	ment h. Pr	urpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. F	Required Remarks
EC	Check	В		9/7/19		\$ 98.00		vitations
						\$	-	VIIGIONS
4. Payee Infor	mation				Add \square	Remove		
	ailing Address & I	Phone			-	ed Committee N	ame	d. Comments
(include city, st			ON COUNT	Υ				
Publix		CAMP/	ON COUNT AIGN FINAN	NCE		Callis for Ma		
	her Farm Re	oad			Marine Ma	istered (Specify)		
Matthews,	NC 28015	JAI	N 29 2021	U	Federal State	Coun		Election Com to Data
		DE	CEIVE	=D	State	V Mun	icipality:	
								\$120.00
f. Account Code	g. Form of Pay		urpose Code			j. Amount	k. F	Required Remarks
EC	Debit	0		12/2/	/19	\$ 120.00	Fo	ood for celebration
						\$		
5. Total only t	this Page		F-100 - 100 - 100				phonones.	\$770.00
	L CRO-1310	Dogge						\$779.83
	in line 13a of Deta		Page CPO 11	100 # On	time Evnana			
	in line 13h of Deta						. 273 237)	\$
	in line 13c of Deta						mm)	
	Codes (List o	A STATE OF THE PARTY OF THE PAR	Company of the Compan		The second second second			
A* - Media		- Printing	muiture codi		undraising	D - '	To Ano	other Candidate
E - Salaries		- Equipment	t		litical Party			ing Public Office Expenses
I - Postage		Penalties			Office Exper			tion to Legal Expense Fund
O* Other						-		G .
* Codes requ	ire detailed ex	colanation i	n required	remark	s field (k)			

CRO-1310

Disbursem	onto					-		Amendment
		liturac	from the commit	to- for a		Pg _ 4 of		6 Yes No
committees and	coordinated t	narty ex	rom the commu	tee for o	perating exp	enses, contribut	ions t	to candidate/political
1. Committee F						17 Th HIS TW		2. ID Number
Elizabeth Ca	2000							
3. Type of Disb		(Please	use separate CK	RO-1310	forms for e	each type of Disl	burse	ement.)
Operating Expe	enses	Statement .	ntributions to Candida					ted Party Expenditures
4. Payee Inform					Add 🔲	Remove		
a. Full Name, M		ss & Ph	one		b. Coordinate	ed Committee Nam	ie	d. Comments
(include city, state,					Flizabeth C	Callis for Mayor		
Cards & Banners 715 E 3900 St #210 Salt Lake City, UT 84107						stered (Specify) County: Municipa	e. Election Sum to Date	
								^{\$} 139.50
f. Account Code	g. Form of Pay	ment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks
EC	Debit		В	8/13/	19	\$139.50	Pa	alm cards
						\$		
4. Payee Inforn	nation		NORTH WAR	П	Add \square	Remove		
a. Full Name, Mail		Phone				ed Committee Nam	10	d. Comments
(include city, stat					b. 0001	ou commune man	ic .	u. Comments
Cmagnets					Elizabeth	Callis for Mayo	or	
100 Capitola	Drive #100)				stered (Specify)		1
Durham, NC	27713				Federal	County:		
					State	Municipa Municipa	ality:	e. Election Sum to Date
								\$ 174.15
f. Account Code	g. Form of Pay	ment	h. Purpose Code	I: Date ((mm/dd/yyyy)	j. Amount	lı. p	
EC	Debit	Inche				0		equired Remarks
	Debit		В	8/30/	19	\$ 174.75	IVI	agnets
						\$		
4. Payee Inforn	nation				Add \square	Remove		
a. Full Name, Mail		Phone				ed Committee Nam	ie	d. Comments
(include city, stat	te, & zip)			LINITY/				
Sign Masters	S		CAMPAIGN FI	INIANCI		Callis for Mayor		
314-B Depot			CAMIFACTOR	14/4/4	c. Level Regis	stered (Specify)		
Monroe, NC	28112		JAN 29	2020	Federal	County:		
Ĺ			31111 20		State	Municipa	ality:	e. Election Sum to Date
			RECE!	VED)			\$133.44
f. Account Code	g. Form of Pay	ment	h. Purpose Code	i. Date ((mm/dd/yyyy)	j. Amount	k. R	lequired Remarks
EC	Debit		В	9/3/19		\$ 133.44	1	gns
	-		-	0,0,	3		1015	J115
						\$		
5. Total only th	is Page							\$447.09
6. Total of ALI	CRO-1310	Pages						
(This line goes in	ı line 13a of Det	ailed Sur	mmary Page CRO-11	100 if Ope	erating Expense	es)		•
(This line goes in	n line 13b of Deta	ailed Sun	mmary Page CRO-11	100 if Con	ntrib to Candida	ates/Political Comm	n)	\$
(This line goes in	line 13c of Det	ailed Sun	nmary Page CRO-11	100 if Coo	rdinated Party	Expenditures)		
7. Purpose C	odes (List	detailed	l expenditure cod	e in (h.)	above)			
A* - Media		- Printi			undraising	D - To	Ano	ther Candidate
E - Salaries		- Equip			litical Party			ng Public Office Expenses
I - Postage	J -	Penalti	es	K* - C	Office Expen	ises Q* - D	onat	tion to Legal Expense Fund

O* Other

Disbursements	Pg	5 _	of		6_	Amendment Yes	☐ No	
Use this form to report expenditures from the committee for operating ex-	penses	, contri	butio	ons	to ca	andidate/po	litical	

1. Committee F	ull Name (and Fun	d if applicable)					2. ID Number
Elizabeth Ca	llis for Mayor						
3. Type of Disb		e use separate CI	RO-1310	forms for e	each type of Di	sburse	ement.)
Operating Expe	NAME AND ADDRESS OF THE OWNER, WHEN PERSON O	ntributions to Candida	ates/Politica	al Committees	. C	oordina	ated Party Expenditures
4. Payee Inform				Add 🔲	Remove		
	ailing Address & Pl	none		b. Coordinat	ed Committee Nar	me	d. Comments
(include city, state,				Flizaheth	Callis for Ma	avor	
All-Star Sign 241 Post Off			-		stered (Specify)	ayor	-
Suite 7A	ice Drive		-	Federal	County	,*	
Indian Trail,	NC 28079			State	Munici		e. Election Sum to Date
							¢
							\$
f. Account Code	g. Form of Payment	h. Purpose Code			j. Amount	k. R	Required Remarks
EC	Debit	В	9/9/19)	\$64.05	De	ecals
					\$		
4. Payee Inforn	nation			Add \square	Remove		
	ing Address & Phone				ed Committee Na	me	d, Comments
(include city, stat	te, & zip)						
Weddington	Swim and Racqu	uet Club					
4315 Weddir	ngton Matthews	Road		-	stered (Specify)		
Weddington,	NC 28104			Federal	County		
			-	State	Munici	pality:	e. Election Sum to Date
	20						\$17.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	nm/dd/yyyy)	j. Amount	k. R	Required Remarks
EC	Check	0	9/7/19)	\$ 17.00		eet & Greet
		1110			17.00	+	
					\$		
4. Payee Inform	AND COMPANY OF THE PARTY OF THE			Add	Remove		
a. Full Name, Mail (include city, sta	ing Address & Phone		L	b. Coordinat	ed Committee Na	me	d. Comments
	UNIC	ON COUNTY AIGN FINANCE					
Sams Club	or Square Drive	AIGN FINANCE	-	c. Level Regi	stered (Specify)		1
Matthews, N		N 29 2020		Federal	County	:	
	JA	N 73 5050		State			e. Election Sum to Date
	RE	CEIVED)				\$33.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	nm/dd/yyyy)	j. Amount	k. R	Required Remarks
EC	Check	0	9/6/19)	\$ 33.50	Me	eet & Greet
					\$	+	
5 Total only th	in December	Part of the second of the second		1100 1000 1000	14		
5. Total only th							\$114.55
	CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							\$
	line 13c of Detailed Suline 13c of Detailed Sul					m)	
THE R. P. LEWIS CO., LANSING, SANSAGE AND PROPERTY.	AND REAL PROPERTY OF THE PERSON NAMED IN COLUMN 2 IN C	THE RESERVE OF THE PARTY OF THE			Expenditures)		
	odes (List detailed						
A* - Media E - Salaries	B* - Print F* - Equip			indraising itical Party			ther Candidate
I - Postage	J - Penalt			ffice Expen			ng Public Office Expenses tion to Legal Expense Fund
O* Other	J I Chart		11 - 01	The Exper	10C0 (V. 1)	Jonal	non to Legai Expense rund
The second second second second second	e detailed explana	tion in required	remarks	field (k)			

DI V					Amendmen	t
Disbursements	Pg	6	of	6	☐ Yes	□ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee F	full Name (and Fun	d if applicable)					2. ID Number
Elizabeth Ca	llis for Mayor						
3. Type of Disb	ursement (Please	use separate Ch	20-1310	forms for e	ach type of Dis	burse	ement.)
Operating Exp		tributions to Candida					ted Party Expenditures
4. Payee Inform	nation			Add \square	Remove		
a. Full Name, M	lailing Address & Ph	one		b. Coordinate	ed Committee Nan	ne	d. Comments
(include city, state,	& zip)			Fr. 1 11	0 111 6 14		
Postnet					Callis for Ma	ayor	
5922 Weddir	ngton Rd			phone	stered (Specify)		
vvesiey Cha	pel, NC 28104			Federal State	County:		e. Election Sum to Date
				State	Widnes	ranty.	e. Election Sum to Date
							\$30.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks
EC	Debit	В	8/8/19	9	\$30.00		twork
						+	
4 D Y 6					\$		
4. Payee Inform	CONTRACTOR DESCRIPTION OF THE PARTY OF THE P		Ш		Remove		
a. Full Name, Mail (include city, sta	ing Address & Phone			b. Coordinate	ed Committee Nan	ne	d. Comments
	ie, & zip)			Elizabeth	Callis for May	or	
Staples 10850 Provid	dence Road				stered (Specify)		-
Charlotte, No				Federal	County:		
,				State	Municip	e. Election Sum to Date	
							\$
							^{\$} 42.48
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)	j. Amount	k. R	lequired Remarks
EC	Debit	В	9/20/	19	\$ 42.48	Pr	inting
					\$		
4. Payee Inform	nation			Add	Remove		
The state of the s	ing Address & Phone				ed Committee Nan	no	d. Comments
(include city, sta		N COUNTY		Di Cooi amat	co committee Han		u. comments
		IGN FINANCE					1
				c. Level Regis	stered (Specify)		1
	JAN	2 9 2020		☐ Federal	County:		
				State	Municip	pality:	e. Election Sum to Date
	RE(CEIVED					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	Required Remarks
					\$		
					\$	_	
5. Total only th	is Page		W. THE ST.				\$72.48
	CRO-1310 Pages						Ψ / Σ.ΤΟ
	line 13a of Detailed Sur	nmami Paga CPO 1	100 :f O	nation France			
	i tine 13a of Detailed Sur i line 13b of Detailed Sur					err)	\$ 2072.34
	line 13c of Detailed Sun					111)	
The second secon	odes (List detailed	Approximation of the second second second		AND DESCRIPTION OF THE PARTY OF			
A* - Media	B* - Printi			undraising	D - T/	Ano	ther Candidate
E - Salaries	F* - Equip			litical Party			ng Public Office Expenses
I - Postage	J - Penalti			ffice Expen			tion to Legal Expense Fund
O* Other							9
* Codes requir	re detailed explanat	ion in required	remarks	field (k)			

In-Kind Contributions		Pg 1 of	1	Yes No
Use this form to report non-monetary contributions, donations, Use CRO-1215 if In-Kind Contributions were or will be re-	goods or servi	ces provided to the com	mittee	or fund.
1. Committee Full Name (and Fund if applicable)	erunded with	in / days.	12.	ID Number
Elizabeth Callis for Mayor				ID Number
3. Contributor Information	☐ Add	☐ Remove		
a. Full Name, Mailing Address & Phone		of Contributor	[c. /	Comments
(include city, state, & zip)	Indiv	vidual	1	Junior
Sharon Sanders	The same of the sa	didate		
4401 Horseshoe Bend Weddington, NC 28104	Party PAC			
Wedulington, NC 20104		erendum	d.	Election Sum to Date
		er Receipt Source		
				60.00
e. Description		f. Date (mm/dd/	уууу)	g. Fair Market Amount
Election Celebration		11/7/19		\$35.00
Policitcal Sign		9/7/19		\$25.00
				\$
3. Contributor Information	Add	Remove		
a. Full Name, Mailing Address & Phone		of Contributor	c. (Comments
(include city, state, & zip)	garang.	vidual		
Joanne Wescott 6008 Highview Road	Cand	didate		
Weddington, NC 28104	Party			
**************************************		erendum	d. 1	Election Sum to Date
	Other	er Receipt Source		25.00
e. Description		f. Date (mm/dd/		g. Fair Market Amount
Meet & Greet		10/28/19		\$25.00
				\$
				\$
3. Contributor Information	Add	Remove		
a. Full Name, Mailing Address & Phone	b. Type of	f Contributor	c. (Comments
(include city, state, & zip) UNION COUNTY	Indiv			
CAMPAIGN FINANCE	Cand Party	didate v		
	PAC			
JAN 29 2020		rendum	d. I	Election Sum to Date
BECEIVED	Other	er Receipt Source	\$	
e. Description		le Data (mm/dd/		
0.000		f. Date (mm/dd/y	/yyy)	g. Fair Market Amount
				\$
				\$
				\$
4. Total only this Page			\$	60.00
5. Total of ALL CRO-1510 Pages				9
(This line must be on line 17 of Detailed Summary Page CRO-1100	0)		Þ	85.00

In-Kind Contributions